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UNITED STATES HOUSE OF REPRESENTATIVES 2017 FINANCIAL DISCLOSURE STATEMENT	For Use by Members, Officers, and Employees	LEGISLATIVE RESOURCE CENTER  18 MAYOTTE BY DINS! MC
Name: Steven Brett Guthric Day	rtime Telephone: 202-225-3501	US HOUSE OF THE CLERK  U.S. HOUSE OF THE CLERK  A \$200 penalty shall be assessed against any Individual who files more than 30 days late.
FILER STATUS  Member of the U.S. State:  House of Representatives  District:   District:	Officer or Employing Office Employee	e: Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT TYPE 2017 Annual (Due: May 15, 2018)	Amendment Termination Date of Ter	
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QU	ESTIONS	
A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No F. Did you have any reportable agreement or outside entity during the reporting period or in year up through the date of filing?	
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	No G. Did you, your spouse, or your dependent or reportable gift(s) fotaling more than \$390 in value source during the reporting period?	
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No  H. Did you, your spouse, or your dependent of reportable travel or reimbursements for travel \$390 in value from a single source during the	totaling more than Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	No I. Did any individual or organization make a do lieu of paying you for a speech, appearance, or reporting period?	onation to charity in article during the Yes No
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No ATTACH THE CORRESPONDING	SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR T	RUST INFORMATION - ANSWER <u>EACH</u> (	OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Off contact the Committee on Ethics for further guidance.	ering during the reporting period? If you answered "yes" to this o	uestion, please Yes No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Et from this report details of such a trust that benefits you, your spouse, or dependent child		lave you excluded Yes No No
EXEMPTION – Have you excluded from this report any other assets, "unearned" incom all three tests for exemption? Do not answer "yes" unless you have first consulted with	e, transactions, or liabilities of a spouse or your dependent child the Committee on Ethics.	because they meet Yes No X

Name: Steven Brett Guthrie Page 2 of 19

BLOCK A			_			8LC	CK B						T				BLC	CK C			Т					BLO	CK D				_	BLOCK E
Assets and/or Income Sources					Va	lue (	of A	sset								Ту	pe o	finc	ome					Α	moı	ınt q	of In	com	e			Transaction
dentify (a) each asset held for investment or roduction of Income and with a fair market value xxceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income hat generated more than \$200 in "uneamed" income uring the year.  Provide complete names of stocks and mutual funds do not use only ticker symbols).  For all IRAs and other retirement plans (such as	value used If ar beca *Coli you	ation i. i. ass ause i umn i	method et was t genera vis for	soid of ated in assets	than f during come,	the r	rket v eporti	ng per nould b	iod a	speci nd is ne."	includ	method	od gr 5: cc lf an	enerat 29 ac olumn. reinv seets	e tax-o counts Divid rested held li	deferre 3), you dends, , mus n taxa	d inco may inten t be ole ac	chec est, ar disci- count	tuch as the nd cap osed s. Ch	s 401(k), JRA, or	may cate Divi mus acc	check gory dend: st be ounts	k the of Ind s, Int discl . Che	"None come erest, losed eck "N	by contact as in the contact a	imn. hecki capl ncon f no if	For a ng th Ital ga ne for ncome	all other e app ains, r assu e was	er asse propriate even ets he eamed	ets indi te boo if rein id in for ge	icate the below texter taxabi	e asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting
Ot(k) plans) provide the value for each asset held in ne account that exceeds the reporting thresholds.	Ā	В	С	D	E	F	G	н	1	j	ĸ	LN	,	-	1	T	Ī		}		+-		l III	N	v	Vi	VII	VIII	įΧ	x \	xı x	follows: (S (ned))
for bank and other cash accounts, total the amount in ill interest-bearing accounts. If the total is over \$5,000, st every financial institution where there is more than 1,000 in interest-bearing accounts.																																Leave this column blank if there are no transactions that exceeded \$1,000.
for rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.								1																								
for an ownership interest in a privately-held business nat is not publicly traded, state the name of the susiness, the nature of its activities, and its geographic position in Block A.	1						İ																									
Exclude: Your personal residence, including second nomes and vacation homes (unless there was rental necome during the reporting period); and any financial nerest In, or income derived from, a federal etirement program, including the Thrift Savings Plan.								ļ												o d'Incare e.g., Pethestiphoche of Familtoche)											over \$1,000,000°	
you report a privately-traded fund that is an Excepted nvestment Fund, please check the "EIF" box.  You so choose, you may indicate that an asset or											B	Sporter CO Asset over \$1,000,000*						rst		ip income or										_	with Income over	
ncome source is that of your spouse (SP) or ependent child (DC), or jointly held with anyone (JT),						8	8	8	8000	8		NO NO						E	ò	E S	l					İ		R	8	8	1 4	
of the optional column on the far left.  For a detailed discussion of Schedule A requirements,		8	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	52-001-\$500,000	\$500,000-\$1,000,000	\$1,000,000,45,000,000	35,000,000 SS 100,000	mimming-samming	ACC Asses		8		15	CAPITAL GAINS	ECETE AUND TRUST	TAX-DEFERRED	Other Type of Income (Spenify e.g., Partner		0	1,000	\$1,001-\$2,500	\$2,571-\$5,000	\$6,001-\$15,000	\$15,001-\$50,000	SSC (001-\$100,000	\$100,000-\$1,000,000	\$1,000,000,45,000,000	Source Co Asse	
lease refer to the instruction booklet.	8	\$1.51,000	S1,000	\$15.00	\$50.00	STON	0033	\$500	21,00	200		Source	9	CIVIDENCS	7	IN ISEST	3	809	TAKD	Off and Type	2	\$1-\$220	\$201-\$1,000	13,18	2	25,00	\$15,00	250,00	SICOLO	25	8	P, S, S(part), or I
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BLOCK A BLOCK B BLOCK C BLOCK D BLOCK E Assets and/or income Sources Value of Asset Type of Income Amount of Income Transaction x | XI | XII G vi vii viii ix Ε EXCEPTED/BUIND TRUST \$25,000,001-\$50,000,000 \$5,000,000-\$25,000,000 \$1,000,001-\$5,000,000 \$1,000,0001-\$5,000,000 \$500,0001-\$1,000,000 \$100,000,1\$-100,001\$ \$250,001-\$500,000 \$100,001-\$250,000 \$50,001-\$100,000 \$15,001-\$50,000 \$50,001-\$100,000 Over \$50,000,000 Over \$5,000,000 \$15,001-\$50,000 CATTAL GAINS \$1,001-\$2,500 \$2,501-\$5,000 \$1,001-\$15,000 \$5,001-\$15,000 \$201-\$1,000 CIMOENDS INTEREST \$1-\$200 N O N P, S, S(part), or E SP, DC, JT ASSET NAME R Northern Smull Z CAD Index NSIOX Northern Funds Introdtional NOINX Neubtraer Bermon Interhational NEWE Y Cuhern Sterrs Dividen Value

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Name: Steven Brett Guthrie

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# SCHEDULE B - TRANSACTIONS

Name: Stevin Brett Guthrie Page 13 of 19

Report any	purchase, sal	e, or exchange transactions that exceeded \$1,000 in the	T	ype of T	ransacti	on		Date				Ar	nount	of Tra	nsacti	on			
purchase of transaction. Capital Ga check the "disclose the	r sale of your ion of an ass ins: If a sales capital gains'; a capital gains';	aculty or real property held by you, your spouse, or your ment or the production of income. Include transactions that Provide a brief description of an exchange transaction, ween you, your spouse, or dependent children, or the personal residence, unless it generated rental income. If set is sold, please choose "partial sale" as the type of transaction resulted in a capital gain in excess of \$200, box, unless it was an asset in a tax-deferred account, and income on Schedule A.	Purchase		Pertus Suste	3changa	Chack Box If Capital Gain Benaedes \$200	(MO/DAYR) Or Quarlerly, Monthly, or Bi- weekly, if applicable	\$1,001. \$15,000	\$15,001- \$50,000	C	D	1250,001- 1500,000	\$1,000,000	\$1,000,0001- \$5,000,000	\$\$,000,0001- \$28,000,000	\$25,000,000- \$50,000,000	Over \$50,000,000	Over \$1,000,000° N
* Column K SP, DC, JT	is for assets s	olely held by your spouse or dependent child.	<del>  -</del>	<del></del>			<del>                                     </del>		<u> </u>		65 4A	, u	4 3	* *		3 4	N 24	0	08
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### SCHEDULE C - EARNED INCOME

Name: Steven Britt Guthri Page 14 of 19

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Туре	Amount
Examples: Keene State State of Maryland Civil Wer Roundtable (Oct. 2) Ontario County Board of Education	Approved Teaching Fee Lagislative Pension Spouse Speech Spouse Salary	\$6,000 \$18,000 \$1,000 N/A
MS Congress	Salary	\$ 174,000.00
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### SCHEDULE D - LIABILITIES

Name: Struch Brett Cuthrie Page 15 of 19

period. you ren	Members: Mer it it out or are a No you by a spous	nbers are required to report all li //ember); loans secured by autor	abilities secured nobiles, househ of you or your s	uring the reporting period by you, your sport by real property including mortgages on sold furniture, or appliances; liabilities of a spouse. Report a revolving charge accordant child.	their pers	in which	idence. I you ow	Exclud n an inte	e: Any rerest (ur	nortgage	e on you u are pe	r persor	nal resid liable):	ence ( and lia	uniess					
								Amount of Liability												
			Date		A	В	С	Đ	E	F	G	н	ı	1	К					
SP. DC, JT		Creditor		Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)					
	Example	First Bank of Wilmington, DE	5/15	Mortgage on Rental Property, Dover, DE				x					<u> </u>							
<b>5</b> T.	JPMO	rson Chase of	11/11	mortsace on		$\times$														
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Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, iabor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position

Name of Organization

Name of Organization

Center for Griffld Studies at Western Ky University

New Board Member

Western Ky University

Trace Ore Coup for Organization

Coup for Organization

### **SCHEDULE F - AGREEMENTS**

Name: Strum Brett Cuthar, e Page 16 of 19

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
1/3/9	Brett Guthriet Trace Die Cost	leave of absence for sourrament service
1/3/9	B.L. & Trace Die Cost	Reported YOIK NonContributing by myself or Trace
1/3/9	BG + Trace Die cost	Reported Orferred Comp: noncontributing by
ļ ,		Trace while on leave Id
1109	Ky Employee Retirement System	Agreement between self + KERS-Defined benefit
	KERS	No Cash Value or assets owned or controlled by me

### **SCHEDULE G - GIFTS**

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
	1////	
<u> </u>		

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Steven Broth Guthrie P	Page 17 of 19
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	Υ	Y	N
Examples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Υ	Y	Y
Gover	nment of Switzerland (MECEA)	Oct.14-18	DC - Geneva, Switzerland DC	Υ	Y	N
						<u> </u>

# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Strvin Broth Guthric Page 18 of 19

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

	Source	Activity	Date	Amount
	Association of American Associations, Washington, DC	Speech	Feb, 2, 2017	\$2,000 \$500
mples:	XYZ Magazine	Speech Article	Feb, 2, 2017 Aug. 13, 2017	\$500
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NOTE NUMBER	NOTES
	Carolyn Guthrie Trust; & personal property of my late mother
	Corolyn Guthnie Trust; s personal property of my late mother my father has 100% control
	O
8	2015 Gurhrie Family Trusts (Frevocable) assets are the Surrender Value of 2 Universal Cife Insurance policies from Principal Life Insurance, Des Moines, IA
	Surrender Value of 2 Universal Life Insurance policies
	from Principal Life Insurance Des Moines, IA
	The trust owns the policies